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Bib Data Sheet

CONFIRMATION NO. 6917

|                             |                                       |              |                        |   |
|-----------------------------|---------------------------------------|--------------|------------------------|---|
| SERIAL NUMBER<br>10/800,136 | FILING DATE<br>03/12/2004<br><br>RULE | CLASS<br>235 | GROUP ART UNIT<br>2876 | ATTORNEY<br>DOCKET NO.<br>703-006.50.23 |
|-----------------------------|---------------------------------------|--------------|------------------------|---|

APPLICANTS

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CON of 10/227,889 08/26/2002  
 which is a CON of 09/651,162 08/30/2000 PAT 6,491,223  
 which is a CON of 09/385,597 08/30/1999  
 which is a CIP of 08/839,020 04/23/1997 PAT 5,965,863  
 which is a CIP of 08/697,913 09/03/1996 PAT 5,900,613  
 which is a CIP of 08/504,643 07/20/1995 PAT 5,773,806  
 and is a CIP of 08/516,185 08/18/1995 ABN  
 which is a CIP of 08/205,539 03/04/1994 PAT 5,463,214

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
**\*\* 05/29/2004**

|   |                           |                         |                       |                            |
|---|---------------------------|-------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no   | STATE OR<br>COUNTRY<br>NY | SHEETS<br>DRAWING<br>54 | TOTAL<br>CLAIMS<br>21 | INDEPENDENT<br>CLAIMS<br>4 |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                           |                         |                       |                            |
| Verified and Acknowledged<br>Examiner's Signature _____ Initials _____  |                           |                         |                       |                            |

ADDRESS  
 20874  
 WALL MARJAMA & BILINSKI  
 101 SOUTH SALINA STREET  
 SUITE 400  
 SYRACUSE , NY  
 13202

TITLE

Portable autodiscriminating optical reader

|   |  |  |
|---|--|--|
| <b>FILING FEE<br/>RECEIVED<br/>1004</b> | <b>FEES: Authority has been given in Paper<br/>No. _____ to charge/credit DEPOSIT ACCOUNT<br/>No. _____ for following:</b> | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of<br>time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
|---|--|--|